



# EVENT REQUEST FORM

Thank you for considering us for your next event. We ask that you please complete all applicable fields. Incomplete forms will delay processing of your request. For any questions, please send an email to [events@citytabsda.org](mailto:events@citytabsda.org).

## SECTION I - Basic Info

**Enter your Full Name: \***

First Name      Last Name

**Enter your Home Address: \***

Street Address

Street Address Line 2

City      State

Zip Code

**Enter your Mobile Number: \***

Please enter a valid phone number.

**Enter your Email Address: \***

example@example.com

**What is your preferred method of contact? \***

Mobile

Email

Either is fine

## SECTION II - Church Department Info

If you are not representing a department/group of City Tabernacle Church, SKIP to the next page.

**Is this request on behalf of a Department/Group within City Tabernacle? \***

Yes

No

**FOR LOCAL DEPARTMENTS ONLY: Enter the name of the requesting department.**

**FOR LOCAL DEPARTMENTS ONLY: Enter your position/title.**

## SECTION III - Event Information

**Select the PRIMARY Event Purpose, or use the "Other" option: \***

Baby Shower

Banquet / Dinner

Brunch / Luncheon

Church Service

Evangelism

Funeral (w/Repast)

Funeral (No Repast)

Meeting

Practice / Rehearsal

Private Party

Staging Area

Seminar / Training

Wedding

Other

**Enter the desired date for your event. \***

Month Day Year

**Enter the desired start and end times: \***

Until

Hour Minutes

Hour Minutes

**Is this a single or reoccurring event? \***

Single

Reoccurring

**If "reoccurring", indicate the frequency:**

Daily	Weekly	Monthly
Bi-Monthly	Quarterly	Annually
Other		

**Which room(s) are you requesting? \***

Agape Fellowship Hall	Agape Fellowship Hall Kitchen
Choir Room	Conference Room
Conference Room Kitchen	EVM Banquet Hall
EVM Banquet Hall Kitchen	Main Sanctuary
Youth Chapel	Other

## SECTION IV - Supportive Services

Carefully consider the following selections. Pricing details will be provided during your consultation.

**Will you require any Audio Visual support? (NOTE: You will NOT be permitted to use any equipment under the management and supervision of the Audio Visual Ministry without Audio Visual support, with NO exceptions.) \***

Yes  No

**If you answered "Yes" to the above question, which AV services would you be interested in?**

Live Audio (Microphones, Speakers, etc.)  
Stage Lighting (Main Sanctuary ONLY)  
Live Streaming (Main Sanctuary ONLY)  
Visual Presentation (Songs, Scriptures, Slide Shows, etc.)  
Other

**If you answered "No" to the first question, please indicate the reason:**

I will be bringing in my own equipment (pending approval).  
My event will not require or need any AV equipment or support.  
I am concerned about the cost of such services.  
Other

**Will you need time to set up for your event? \***

Yes  No

**If you answered "Yes" to the previous question, select the SET UP date:**

Year

**Also, if "Yes", enter the SET UP start and end Times:**

Until

Hour Minutes

Hour Minutes

**If you are providing food, please share the items that will be served. (Due to religious observance, some items are prohibited from being prepared or served onsite.)**

**If there are any special circumstances or additional information that was not previously addressed in this form that should be stated, please list below:**